

PERMANENT FULL TIME EMPLOYEES AND PART TIME EMPLOYEES SCHEDULED TO WORK AT LEAST 20 HOURS PER WEEK

PLAN/COVERAGE DESCRIPTION	2019 TOTAL MONTHLY PREMIUM	2019 FIRST 5 MONTHLY SUBSIDY	2019 EMPLOYEE MONTHLY SHARE
CONTRA COSTA HEALTH PLAN - BASIC PLAN A			
Employee on Basic Plan	\$812.06	\$649.65	\$162.41
Employee & 1	\$1,624.10	\$1,299.28	\$324.82
Employee & 2 or more dependents on Basic Plan	\$2,436.18	\$1,948.95	\$487.23
CONTRA COSTA HEALTH PLAN - BASIC PLAN B			
Employee on Basic Plan	\$900.19	\$720.16	\$180.03
Employee & 1	\$1,800.37	\$1,440.30	\$360.07
Employee & 2 or more dependents on Basic Plan	\$2,700.56	\$2,160.45	\$540.11
KAISER PERMANENTE - BASIC PLAN A			
Employee on Basic Plan	\$877.30	\$701.84	\$175.46
Employee & 1	\$1,754.60	\$1,403.68	\$350.92
Employee & 2 or more dependents on Basic Plan	\$2,631.90	\$2,105.52	\$526.38
KAISER PERMANENTE - BASIC PLAN B			
Employee on Basic Plan	\$697.28	\$557.83	\$139.45
Employee & 1	\$1,394.56	\$1,115.65	\$278.91
Employee & 2 or more dependents on Basic Plan	\$2,091.84	\$1,673.48	\$418.36
KAISER PERMANENTE - HIGH DEDUCTIBLE PLAN			
Employee on Basic Plan	\$559.68	\$447.75	\$111.93
Employee & 1	\$1,119.36	\$895.49	\$223.87
Employee & 2 or more dependents on Basic Plan	\$1,679.04	\$1,343.24	\$335.80
HEALTH NET HMO PLAN - BASIC PLAN A			
Employee on Basic Plan	\$1,677.56	\$1,342.05	\$335.51
Employee & 1	\$3,355.12	\$2,684.10	\$671.02
Employee & 2 or more dependents on Basic Plan	\$5,032.68	\$4,026.15	\$1,006.53
HEALTH NET HMO PLAN - BASIC PLAN B			
Employee on Basic Plan	\$1,166.55	\$933.24	\$233.31
Employee & 1	\$2,333.10	\$1,866.48	\$466.62
Employee & 2 or more dependents on Basic Plan	\$3,499.65	\$2,799.72	\$699.93
HEALTH NET PPO PLAN - BASIC PLAN A			
Employee on Basic Plan	\$2,340.40	\$1,872.32	\$468.08
Employee & 1	\$4,680.80	\$3,744.64	\$936.16
Employee & 2 or more dependents on Basic Plan	\$7,021.20	\$5,616.96	\$1,404.24

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PLAN/COVERAGE DESCRIPTION		2019 TOTAL MONTHLY PREMIUM	2019 FIRST 5 MONTHLY SUBSIDY	2019 EMPLOYEE MONTHLY SHARE
DELTA DENTAL PREMIER PPO - \$1,800 Annual Maximum				
For CCHP Plans	Employee	\$46.06	\$41.17	\$4.89
	Employee + 1	\$104.04	\$93.00	\$11.04
	Employee + 2 or more	\$104.04	\$93.00	\$11.04
For Health Net Plans	Employee	\$46.06	\$34.02	\$12.04
	Employee + 1	\$104.04	\$76.77	\$27.27
	Employee + 2 or more	\$104.04	\$76.77	\$27.27
For Kaiser Permanente Plans	Employee	\$46.06	\$34.02	\$12.04
	Employee + 1	\$104.04	\$76.77	\$27.27
	Employee + 2 or more	\$104.04	\$76.77	\$27.27
Without a Health Plan	Employee	\$46.06	\$43.35	\$2.71
	Employee + 1	\$104.04	\$97.81	\$6.23
	Employee + 2 or more	\$104.04	\$97.81	\$6.23
DELTA CARE (HMO)				
For CCHP Plans	Employee	\$29.06	\$25.41	\$3.65
	Employee + 1	\$62.81	\$54.91	\$7.90
	Employee + 2 or more	\$62.81	\$54.91	\$7.90
For Health Net Plans	Employee	\$29.06	\$21.31	\$7.75
	Employee + 1	\$62.81	\$46.05	\$16.76
	Employee + 2 or more	\$62.81	\$46.05	\$16.76
For Kaiser Permanente Plans	Employee	\$29.06	\$21.31	\$7.75
	Employee + 1	\$62.81	\$46.05	\$16.76
	Employee + 2 or more	\$62.81	\$46.05	\$16.76
Without a Health Plan	Employee	\$29.06	\$27.31	\$1.75
	Employee + 1	\$62.81	\$59.03	\$3.78
	Employee + 2 or more	\$62.81	\$59.03	\$3.78
VSP VOLUNTARY VISION PLAN				
	Employee	\$10.08	\$0.00	\$10.08
	Employee + 1	\$20.14	\$0.00	\$20.14
	Employee + 2 or more	\$32.44	\$0.00	\$32.44